

RECORD OF REQUEST FOR BROADCAST TIME BY OR ON BEHALF OF  
CANDIDATE FOR PUBLIC OFFICE

INSTRUCTIONS: This form must be completed as to all requests, both oral and written, for broadcast time to be used by or on behalf of a candidate for public office, as required by FCC rule. The FCC rule states: "Every licensee shall keep and permit public inspection of a complete record of all requests for broadcast time made by or on behalf of candidates for public office, together with an appropriate notation showing the disposition made by the licensee of such requests, and charges made, if any, if request is granted. Such records shall be retained for a period of two years."

---

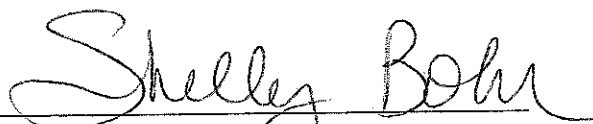
- (1) **Date of request:** 10/29/12
- (2) **Name of candidate:** n/a
- (3) **Office for which candidate is running:** n/a
- (4) **Political party:** n/a
- (5) **Name of person using time if other than candidate:** Citizens For Affordable Quality Home Care
- (6) **Request made by candidate:** Yes: No: x (Check one)
- (7) **Request made on behalf of candidate by:** n/a
- (8) **Request made:** In writing: x In person: By phone:  
(Check one. If in writing, attach and retain.)
- (9) **Disposition of request:** Granted: x Not granted:  
(Check one. If not granted, state reason or reasons in space below. If denied in writing, attach and retain.)
- (10) **Were any payments received?** Yes: x No:  
(Check one. If "yes", state amount in space below):

Gross: \$22550

Net: \$19167.50

WXMI  
STATION

10/29/12  
DATE

  
Shelly Bohr, National Sales Manager  
SIGNATURE OF PERSON RECEIVING  
REQUEST ON BEHALF OF STATION

## AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

<b>Station and Location:</b>	<b>Date:</b>
------------------------------	--------------

I, The New Media Firm  
do hereby request station time concerning the following issue:

Citizens for Affordable Quality Home Care
---

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
10/30- 11/6					

<b>Total Charges:</b> <span style="font-size: 1.5em; margin-left: 20px;">22550</span>
---

This broadcast time will be used by: Citizens for Affordable Quality Home Care

<p><b>Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"</b></p> <p style="text-align: center;"> <input type="checkbox"/> Yes             <span style="margin-left: 200px;"><input type="checkbox"/> No</span> </p>	
--	--

NAB Form PB-17 Issues

For programming that "communicates a message relating to any political matter of national importance," list the name of the legally qualified candidate(s) the programming refers to, the office(s) being sought and the date(s) of the election(s) (if applicable):

For programming that "communicates a message relating to any political matter of national importance," attach Agreed Upon Schedule (Page 3)

I represent that the payment for the above described broadcast time has been furnished by:

Citizens for Affordable Quality Home Care - 400 Galleria Officentre, Suite 117, Southfield, MI 48034

and you are authorized to announce the time as paid for by such person or entity. The entity furnishing the payment, if other than an individual person, is:

☐ a corporation; ☒ a committee; ☐ an association; ☐ or other unincorporated group.

The names, offices, and addresses of the chief executive officers, directors, and/or authorized agents of the entity are named below (may be attached separately):

Dohn Hoyle - Treasurer

**THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACMENT OF ADVERTISING.**

I agree to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the above-requested advertisement(s). For the above-stated broadcast(s), I also agree to prepare a script, transcript, or tape, which will be delivered to the station at least \_\_\_\_\_ before the time of the scheduled broadcasts.

**TO BE SIGNED BY ISSUE ADVERTISER**

7/18/12

Date

Signature

Contact Phone Number

**TO BE SIGNED BY STATION REPRESENTATIVE**

☐ Accepted

☐ Accepted in Part

☐ Rejected

Signature

Printed Name

Title